

# Foster Family Home - Corrective Action Report

Provider ID: 1-200041

Home Name: Roselyne O. Almazan, CNA

Review ID: 1-200041-1

1567 Waialele Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/24/2020

Foster Family Home

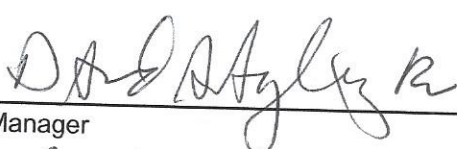
Required Certificate

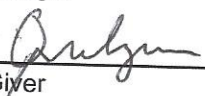
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date